

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # 479441

1. Entity Name
M. BRINCKLOW TOURS, INC.



Principal Place of Business

**435 SAN JOSE DR
PO BOX 1267
DUNEDIN, FL 34697**

Mailing Address

**435 SAN JOSE DR
PO BOX 1267
DUNEDIN, FL 34697**



01302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1609485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRINCKLOW, MARTHA
435 SAN JOSE DRIVE
DUNEDIN, FL 34698**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRINCKLOW, MARTHA
STREET ADDRESS	435 SAN JOSE DRIVE
CITY - ST - ZIP	DUNEDIN, FL
TITLE	VD
NAME	BRINCKLOW, ELIZABETH
STREET ADDRESS	736 SCOTLAND ST
CITY - ST - ZIP	DUNEDIN, FL
TITLE	ST
NAME	BRINCKLOW, RALPH
STREET ADDRESS	620 SAN SALVADOR DR.
CITY - ST - ZIP	DUNEDIN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DUNEDIN, FL 34698
02/24/05-R0020-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha P. Brincklow Martha P. Brincklow 2/21/05 ↑
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #